SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

| **COMMUNITY FIRST CHOICE**
Policy Manual | **Section: FORMS** |
| | **Subject: PERS Referral Form**
(Sample)
SLTC- 241 |

PURPOSE:

The Personal Emergency Response System (PERS) Referral form is used to refer an approved CFC member to a PERS Provider and provide the PERS provider with the prior authorization number that is necessary in order for the PERS provider to bill for the service. This is a sample form. This form may be tailored to fit the needs of the provider agency. The form must include the requested information included on this sample.

This form should not be completed until a prior authorization number has been generated by Xerox. Prior to completing this form the provider agency Plan Facilitator must complete SLTC-240 and submit it to MPQH to generate a PERS prior authorization number.

This form is completed by the provider agency Plan Facilitator to provide PERS providers with information in the following situations:

1. Referral of a member for PERS services by a Plan Facilitator.

2. Documentation by a Case Manager of a change in PERS services from HCBS to CFC. (PERS reimbursement should be removed from the HCBS cost sheet once the CFC prior authorization is completed in order to avoid duplication of service).

3. ➤Notification of a renewal of prior authorization (occurring every 365 days.) Renewals must occur in a timely manner to avoid provider claim denial and possible disruption of PERS services. Prior Authorizations will not be back-dated due to missed renewal dates.

4. Termination of CFC services.

INSTRUCTIONS: Enter: Plan Facilitator's Name and Phone Number.◀

Check the appropriate box indicating which of the following actions is occurring:

1. Referral
2. CFC Amendment
3. Change of PERS Providers
4. Service Termination

Enter: PERS Provider's Name

PERS Provider Medicaid ID #

Member's Name

Member's Phone Number

Member's Medicaid ID Number

Member's Birth Date

Member's Address

Physician Name

Physician's Phone Number

Primary Diagnosis

Diagnosis Code

Prior Authorization Number: This is the number that is

generated by MPQH on the SLTC-240 form.

Date Span

Enter: Type of Service: PERS

Enter: Procedure Code

Enter: Appropriate modifier

Note: Self-Direct PERS service requires the use of a U9 modifier.

Enter: Current Units.

Unit = 1 month of
service
or
Unit = 1 installation charge

Note: The current units should cover the number of units for the
service authorization period. If the member is beginning

PERS in the middle of the service year the number of units should be pro-rated to the number of months left before the next annual member visit.

For example: 12 months = 12 units
January-July = 7 units

Corrected Units: If the unit amount has been modified during a service year and on the same service authorization number the correct unit number should be entered in this box.

Rates: ➤Plan Facilitators should contact the PERS provider and determine the market rate for service. Enter the market rate here, NOT the maximum rate listed on the CFC Medicaid Fee schedule.

Enter: Effective date of service. This date should not precede the MPQH authorization date.

Comments: Enter any necessary comments.

Notification of Service Termination: This section is completed by the Plan Facilitator in the event of a change of PERS providers or if the CFC member is discharged from services.

Note: The Case Manager, Provider Agency or DD Case Manager should remind the member/personal representative or family members that the PERS equipment should be returned to the PERS provider after termination of the member's PERS services.

DISTRIBUTION: Copy of this form should be retained by the Plan Facilitator in the member files.